



**Academic Registry
Application for Testimonial**

- (1) Please submit together with this form proof of identity document (Original or copy of HKID card/Passport or Student card).
- (2) If this form is submitted by a representative of the applicant, or the testimonial is to be collected by a representative, the representative has to produce his/her own HKID card/Passport as proof of identity, an authorization letter bearing the applicant's signature and a copy of the applicant's HKID card/Passport.
- (3) Testimonial is usually available 4 working days after the completed application is received by the Academic Registry.
- (4) Application will only be processed upon receipt of payment. Payment by cash is not acceptable, please refer to AR website for payment methods.

(I) PERSONAL PARTICULARS

Name: _____ (in English) _____ (in Chinese) Student No: _____

Sex: ____ Date of Birth: _____ HKID/Passport No.: _____ Contact Tel. No: _____

(II) LIST THE PROGRAMMES YOU HAVE ATTENDED / ARE ATTENDING AT THE INSTITUTION:

Notes: Postgraduate students should apply for testimonial at the Graduate School (AAB 904, 9/F, Academic and Administration Building, Baptist University Road Campus).

Students (non-graduates) of programmes listed overleaf should apply for testimonial at the relevant office instead of the HKBU-Academic Registry.

Date Admitted (month/year)	Programme/ Department	Major	Minor	Date Graduated/ Completed	Date Withdrawn
1.					
2.					
3.					

(III) TYPE OF TESTIMONIAL APPLIED FOR:

(Please ✓ where appropriate)

	No. of copies
Certification of Student/Graduation Status (HK\$50/copy) <input type="checkbox"/> Please ✓ this box if you wish to show the medium of instruction of the study programme on the testimonial	
Certification of Loss of Diploma (Note 1) (HK\$120/copy)	
Visa Application (HK\$50/copy) - for travel visa application: for indication of <input type="checkbox"/> Semester Breaks <input type="checkbox"/> Christmas & New Year holidays <input type="checkbox"/> Chinese New Year holidays <input type="checkbox"/> Easter holidays	
Others (please specify): _____	

Total no. of copies: _____

Note 1: This only refers to certifying the loss of diploma. Should you wish to apply for a Replacement Diploma, please visit AR website (<https://ar.hkbu.edu.hk/graduate-services/records-of-studies/diploma>) for the fee charged and application details.

(IV) HOW SHOULD THE TESTIMONIAL BE DELIVERED?

- Sent to the correspondence address overleaf by
 ordinary mail (Local) / regular air mail (Overseas) registered mail
- Collected at the Academic Registry (Room 701, 7/F, Academic and Administration Building, Baptist University Road Campus). (Note: Testimonial which is not collected 6 months after the issue date will be destroyed.)

(V) OTHER REMARKS: _____

(VI) Applicant's/Representative's Signature: _____ **Date:** _____

To be completed upon collection of testimonial

Collected by: _____ (Signature) (_____) (Name in BLOCK letters)
HKID/Passport/Student card: Checked Date: _____

FOR OFFICE USE ONLY

Testimonial fee: \$50/copy x _____ = \$ _____ Paid
Fee for Loss of Diploma: \$120/copy Paid
Form Received by _____ on _____ HKID/Passport/Student card: Checked
Prepared by _____ Checked by _____ Completed/Mailed on _____

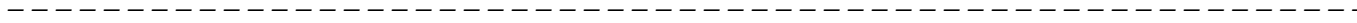
Privacy Policy Statement and Personal Information Collection Statement of the University is available at:
<https://bupdpo.hkbu.edu.hk/policies-and-procedures/pps-pics/>

Note: **Students (non-graduates)** of below programmes should apply for testimonial at the relevant office, instead of the HKBU-Academic Registry:

Study Programme	Address
<ul style="list-style-type: none">• Top-up Undergraduate Degree programmes• Early Childhood Education programmes• Associate Degree programmes• Higher Diploma programmes administered by the College of International Education (CIE)	SCE – DLB Office 4/F, David C. Lam Building, Shaw Campus Hong Kong Baptist University 34 Renfrew Road Kowloon Tong, Kowloon



Mailing Slip: (A separate mailing slip is required for each address sent. Please make extra copies of the mailing slip whenever necessary.)
Please fill out the **Name of Applicant** and the **Name and Address of Recipient** where the testimonial(s) will be sent to.
(To avoid postal errors, please write clearly **within border**. The Academic Registry will bear no responsibility for any loss or damages of the testimonial during postal delivery.)



Name of Applicant: _____

Name of recipient: _____
Address: _____

